

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

**Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)**

**Application Number**      **Filing Date**

10593899

**Filing Date**

Applicant(s) Michael Hollins

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep
1			1				51				
2			1				52				
3			1				53				
4			1				54				
5				1			55				
6				1			56				
7				1			57				
8				1			58				
9				1			59				
10				1			60				
11				1			61				
12				1			62				
13				1			63				
14				1			64				
15				1			65				
16				1			66				
17				1			67				
18				1			68				
19				1			69				
20				1			70				
21				1			71				
22				1			72				
23				1			73				
24				1			74				
25				1			75				
26				1			76				
27				1			77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	0		5		0						
Total Depend	0	←	22	←	0	←					
Total Claims	0	██████	27	██████	0	██████					